

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10 / 5 3 7

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11	1						61						
12		1					62						
13		2					63						
14		3					64						
15		4					65						
16		5					66						
17		6					67						
18		7					68						
19		8					69						
20		9					70						
21		10					71						
22		11					72						
23		12					73						
24		13					74						
25		14					75						
26		15					76						
27		16					77						
28		17					78						
29		18					79						
30		19					80						
31		20					81						
32		21					82						
33		22					83						
34		23					84						
35		24					85						
36		25					86						
37		26					87						
38		27					88						
39		28					89						
40		29					90						
41		30					91						
42		31					92						
43		32					93						
44		33					94						
45		34					95						
46		35					96						
47		36					97						
48		37					98						
49		38					99						
50		39					100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19						TOTAL CLAIMS						

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